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ABSTRACT

Described by the teacher is the removal of a 10-year-old hyperactive boy from drug therapy (Ritalin). The setting, open classroom, and the involvement of four regular classroom teachers and a progressive teacher employing behavior modification in a small group setting are thought to be related to the boy's academic and behavioral progress. The boy is reported to have maintained control in this situation after 7 months without drug therapy and in a followup at the middle (junior high) level. (Author/DB)

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REMOVAL OF A STUDENT ON A METHYLPHENIDATE (RITALIN) PRESCRIPTION IN AN OPEN CLASSROOM CONDITION -

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ABSTRACT

Information from this program provided descriptive data on the processes involved in the removal of a child on a Ritalin drug program.

In this condition (open classroom), the setting was pertinent to the success of this program. Four regular classroom teachers and a progressive teacher (small group setting) provided the methods and techniques for this student's transition process. In the small group setting, tertiary behavior modification was employed.

The boy was able to maintain control in this situation after seven (7) months and in a follow-up was functioning in a middle (junior high) school at a successful level.

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When teaching this student whom I did not know at the time was on medication, I evaluated him as one who was very quiet and who always had rings under his eyes. This was probably more noticeable as the child, 10 years old, was fair-haired and fair-skinned.

He was a good student behaviorally, but academically there was no progress. In my reading and math upgrading program and in his regular classroom, his only noticeable behavior was a sly punch to another classmate.

His regular classroom teacher was the first to suggest that the application of Ritalin be stopped and I concurred to the point that it should at least be reduced. He had been on the medication for eleven (11) months.

About four months later and a change in the physical facility from a traditional classroom to an open class-type program, this student's methylphenidate dosages were terminated.

Before the above action was taken, a conference was held involving everyone, but the student's doctor where all concurred in the decision. I did not work directly with the child in this new situation till about two months later. During that time, in his new environment, a totally new image of this child emerged. He was given his own desk (most of the students were at tables) with a small partition on top forming a cubicle-type situation. It was called his office.

The energy discharge from this one child was amazing in one so little. A flick of a finger or a noise and this child was up and about with no control at all. For five months, it took five teachers, plus peers, to help this child to be able to function near average (regular classroom behavior).

My own work began when he joined my small group (five or six). He worked with me on a one-to-one basis and also in group participation. This human dynamo was never still; hands and/or legs constantly moving, in fact, you could experience or feel the energy emenating from him.

The one noticeable result from this new program was improvement in academics. His progression I.Q. showed him to be on grade level. My approach was to reward him only for positive behavior and to explain and try to remediate negative behavior. This was difficult as something was always moving around this student. If it was not pencils or pencil erasers, it was little bits of paper or books. If I asked him to erase a fact in math, he subsequently erased all his math.

His emerging traits or personality changed also. This was a very egocentric youngster who also had a moderate Oedipus complex. This may have been due to his being an adopted child, but nevertheless, these traits needed to be treated. Another accompanying behavior was his tendency to leave any time he wished. He would just leave without permission and visit another teacher thereby confirming the egocentricity diagnosis. This was brought under control with removal of privileges (tape recorder, painting, etc.).

With individual and group work, plus the teaching and behavioral techniques of five teachers, this boy was working on level and was managing to function (although still borderline) behaviorally when the school year ended.

This program proved that a hyperactive child can function in an open classroom situation and I am of the opinion, at present, that it can be done best in this type of setting.

The last time that I saw this child, he was attending a Middle School (Junior High) and seemed to be calm. His complexion was healthy and he was happy. Puberty and success may have contributed to his seemingly serene outward behavior.